

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2		/				
3		/				
4		/				
5	/	/				
6	/					
7		/				
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47						
48						
49						
50						
Total indep.	6					
Total Depend.	14					
Total Claims	20					

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	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total indep.						
Total Depend.						
Total Claims						